



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 21, 2011

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

501 West Lincoln Bar & Grill has applied to obtain a Class I liquor license. This business located at 501 West 'A' Street has requested that Eric Stockholm be approved as the manager of this liquor license.

Investigator Fosler attempted to contact the applicant and messages were left on the applicant's voice mail requesting a call back.

The applicant did not respond to these attempts, therefore no background investigation was completed.

The applicant has not completed the required training.

Information received from the Nebraska Liquor Control Commission has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45 day = 3/14/2011

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NEBRASKA LIQUOR
CONTROL COMMISSION

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- ☐ A BEER, ON SALE ONLY
- ☐ B BEER, OFF SALE ONLY
- ☐ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- ☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- ☒ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- ☐ AB BEER, ON AND OFF SALE
- ☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- ☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☐ Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- ☐ Individual License (requires insert form 1)
- ☐ Partnership License (requires insert form 2)
- ☒ Corporate License (requires insert form 3a & 3c)
- ☐ Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Commission will call this person with any questions we may have on this application

Name Kevin Barnes Phone number: 224-558-5464

Firm Name Barnes & Associates, Counsel of Jope & George Halton

PREMISE INFORMATION

Trade Name (doing business as) 501 West Lincoln Bar and Grill

Street Address #1 501 West A Street

Street Address #2 _____

City Lincoln County LANCASTER Zip Code 68522

Premise Telephone number _____

Is this location inside the city/village corporate limits: ☒ YES

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☐ NO

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Mailing address (where you want to receive mail from the Commission)

Name Eric Stockholm

NEBRASKA LIQUOR

CONTROL COMMISSION

*Write in
your address*

Street Address #1 2835 Fletcher Ave #82

Street Address #2 _____

City Lincoln State NE Zip Code 68504

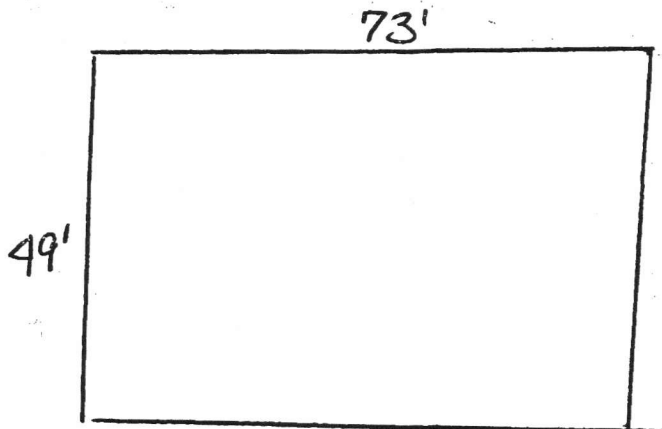
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 73' feet
Width 49' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



*Get diagram
or
dimensions
from Gary*

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

**NEBRASKA LIQUOR
CONTROL COMMISSION**

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Grayson Inc.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: 501 West Lincoln Bar & GrillPremise Street Address: 501 W. A StreetCity: Lincoln State: NE Zip Code: 68522Premise Phone Number: NA

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b
must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

*Need
Birth Certificate*

Is the applying corporation controlled by another corporation/company?

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☐ YES

☒ NO

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If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

NEBRASKA LIQUOR

CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID # _____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Haltom First Name: Joyce MI: M

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 500

Spouse Full Name (indicate N/A if single): George Haltom

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Haltom First Name: George MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares: 500

Spouse Full Name (indicate N/A if single): Joyce Haltom

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Gary Riggs

Name of Corporation that will hold license as listed on the Articles

Grayson, Inc. dba 501 West Lincoln Bar and Grill

Corporation Address: 1919 South 40th Street

City: Lincoln State: NE Zip Code: 68506

Corporation Phone Number: 224-558-5464 Fax Number 866-941-4591

Total Number of Corporation Shares Issued: One Thousand (1000)

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Haltom First Name: Joyce MI: M

Home Address: 100 E. Hackberry Ave, #162 City: McAllen

State: Texas Zip Code: 78501 Home Phone Number: 361-314-894-1248

Joyce Haltom
Signature of president

State of Nebraska
County of Jefferson

The foregoing instrument was acknowledged before me this

7/1/2010
date

by

Danny Sigman
name of person acknowledged

Danny Sigman
Notary Public signature

Affix Seal Here

DANNY SIGMAN
Notary Public - Notary Seal
State of Missouri
Jefferson County
My Commission Expires 10-25-2013
Commission # 09844444

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Joyce Haltom
Joyce Haltom

Signature of Applicant

George Haltom
George Haltom

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

George Haltom
George Haltom

Signature of Spouse

Joyce Haltom
Joyce Haltom

Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Spouse

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JAN 21 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

State of Nebraska

County of

Jefferson

The foregoing instrument was acknowledged before me this 7/1/2010 by

Danny Sigman

Notary Public signature

County of

Jefferson

The foregoing instrument was acknowledged before me this 7/1/2010 by

Danny Sigman

Notary Public signature

Affix Seal Here	DANNY SIGMAN Notary Public - Notary Seal State of Missouri Jefferson County My Commission Expires 10-25-2013 Commission # 09844444
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Affix Seal Here	DANNY SIGMAN Notary Public - Notary Seal State of Missouri Jefferson County My Commission Expires 10-25-2013 Commission # 09844444
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in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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NEBRASKA LIQUOR

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)	NEBRASKA LIQUOR CONTROL COMMISSION
Eric Jackson	12002	NORTHEAST BARTENDERS SCHOOL CHEYENNE PARK, WY	Eric Jackson
			Complete
			12

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date October 1, 2015
- ☐ Deed
- ☐ Purchase Agreement

14. When do you intend to open for business? March 15, 2011
15. What will be the main nature of business? Bar and Grill
16. What are the anticipated hours of operation? 11 a.m. - 2 a.m.

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
George Haltom	6/2000	Current			
Joyce Haltom	6/2000	Current			

If necessary attach a separate sheet.

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

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If yes, explain. (All involved persons must be disclosed on application)

JAN 21 2011

No silent partners

NEBRASKA LIQUOR
CONTROL COMMISSION

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such item(s) and the owner.

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

US Bank, George Haltom, Eric Stockholm

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NA

APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☐ NO

If yes, give name and license number Hummer z Bar & Grill, license # not currently known
available

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Stockholm First Name: Eric MI: G

Home Address (include PO Box if applicable): 2835 Fletcher Avenue Apt. #82

City: Lincoln State: Nebraska Zip Code: 68504

Home Phone Number: (518) 339-3057 Business Phone Number: (518) 339-3057

Social Security Number: _____ Drivers License Number & State: _____ Nebraska

Date Of Birth: _____ Place Of Birth: Albany, NY

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Clifton Park, NY & Lincoln, NE	2009	2010			
Hoboken, NJ	2005	2009			
Albany & Clifton Park, NY	2002	2005			
Harrisonburg, VA & Greensboro, NC	2000	2002			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2010	Brix & Stone Gastropub	Marci Davison	(402) 416-4692
2010	2010	Aura	Sarah Pracheil	(402) 858-0111

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. List the training and/or experience (when and where)

Date:	Where:
8/10 - Present	30-40 avg/week - Bartender and Server in Lincoln, NE.
2002 - 2010	Full time (min 30 hrs/week) bartender in Upstate NY and Hoboken, NJ.

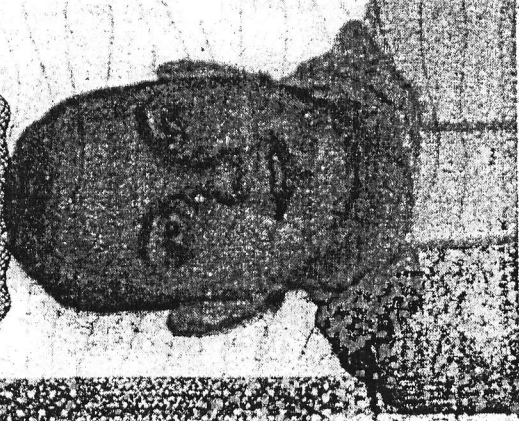
100

*in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE



UNITED STATES OF AMERICA

Type / Type / Tipo / Code / Codice / Passport No. / No di Passaporto / Issuing Authority / Autorità Emittente /

Surname / Nom / Apellidos

Given Names / Prénoms / Nombres

ERIC GREGORY

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

NEW YORK, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

Sex / Sexe / Sexo

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

02 Jun 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

P<USASTOCKHOLM<<ERIC<GREGORY<<<<<<<<<<<<

44 37312268USA 9M1806025098987569<674624

PERSONAL OATH AND CONSENT OF INVESTIGATION

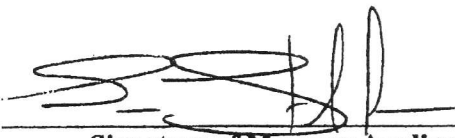
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

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JAN 21 2011



Signature of Manager Applicant

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this DECEMBER 18, 2010 by

The foregoing instrument was acknowledged before me this _____ by

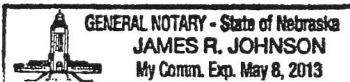
JAMES R. JOHNSON



Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008